

LEAVE BLANK - DNR USE ONLY
License Number
FID Number

Dear Secretary, Department of Natural Resources:

We hereby establish our Irrevocable Letter of Credit No. \_\_\_\_\_ in favor of the State of Wisconsin  
Department of Natural Resources as beneficiary, at the request and for the account of \_\_\_\_\_

\_\_\_\_\_  
(Owners Name and Address)

as customer, up to the aggregate amount of \_\_\_\_\_ U.S. dollars \$\_\_\_\_\_,  
available upon presentation of:

1. A sight draft, bearing reference to this letter of credit no. \_\_\_\_\_, together with
2. A signed statement declaring that the amount of the draft is payable pursuant to regulations issued under the authority of Section 289.41, Wisconsin Statutes, as amended.

Whereas the customer owns a solid waste land disposal facility named \_\_\_\_\_

located in Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_, Town/City/Village of \_\_\_\_\_,

\_\_\_\_\_ County, Wisconsin, and that facility is subject to the long-term care requirements  
of the plan of operation approval issued by the beneficiary, dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and any  
amendments thereto.

This letter of credit is written to provide proof of financial responsibility pursuant to Sections 289.41, Wisconsin Statutes, and  
NR 520.05, Wisconsin Administrative Code, as amended, to ensure compliance with the long-term care requirements of the  
plan of operation approval, and any amendments thereto, and shall inure to the benefit of the beneficiary.

This letter of credit is effective as of \_\_\_\_\_, and shall expire on \_\_\_\_\_, except  
that this letter of credit shall automatically renew on the termination date for a term of one year and annually thereafter on  
each successive termination date until all of the long-term care requirements have been completed, unless we elect to cancel  
this letter of credit. In the event we wish to cancel this letter of credit, we shall provide notice in writing of our intent to  
cancel to the beneficiary by registered or certified mail not less than 90 days prior to the end of the current term of this letter  
of credit. Unless the customer delivers to the beneficiary a replacement letter of credit or other acceptable proof of financial  
responsibility under s. 289.41, Wis. Stats., we will pay to the beneficiary the unused balance of this letter of credit on the  
termination date.

Whenever this letter of credit is drawn on under and in compliance with the terms of this credit, we will duly honor such draft upon presentation to us.

All or any part of this letter of credit may be drawn upon by the beneficiary, upon written request of the Secretary of the beneficiary, and in accordance with section NR 520.06, Wisconsin Administrative Code, as amended, to be used to carry out the long-term care requirements of the plan of operation approval, and any amendments thereto, if the customer or any successor in interest fails to do so.

I hereby certify that I am authorized to execute this letter of credit on behalf of \_\_\_\_\_

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(Name and Address of Issuing Institution)

a bank or financial institution which is examined and regulated by a federal agency, or in the case of a bank or financial institution located within the State of Wisconsin, which is examined and regulated by the state or a federal agency.

Attest:

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(Signature and Title of Official of Issuing Institution)

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(Date Signed)

This credit is subject to the Wisconsin Uniform Commercial Code and the Uniform Customs and Practice for Documentary Credits as most recently published by the International Chamber of Commerce. In the event of inconsistency, the Wisconsin Uniform Commercial Code shall apply.